

Medical Necessity: Amount, Frequency & Duration

The School-Based ACCESS Program (SBAP) is a constant balancing act between the educational requirements of the Individuals with Disabilities Education Act (IDEA) and the ability of participating Local Education Agencies (LEAs) to seek reimbursement from Medicaid to support the delivery of health-related services. While IDEA mandates all LEAs to provide educational and health-related services to students with disabilities, Medicaid requires certain conditions be met before health-related services can be reimbursed, as included in the [SBAP Handbook](#). One of the essential requirements for receiving and retaining reimbursement through the SBAP is whether the service provided was medically necessary.

What is medical necessity for purposes of Medicaid reimbursement?

Medical necessity is defined at [55 Pa. Code § 1101](#):

Medically necessary—A service, item, procedure or level of care that is:

- (i) Compensable under the MA Program.
- (ii) Necessary to the proper treatment or management of an illness, injury or disability.
- (iii) Prescribed, provided or ordered by an appropriate licensed practitioner in accordance with accepted standards of practice.

Medical necessity is further clarified at [55 Pa. Code § 1101.21a](#):

A service, item, procedure or level of care that is necessary for the proper treatment or management of an illness, injury or disability is one that:

- (1) Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- (2) Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- (3) Will assist the recipient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate of recipients of the same age.

How does medical necessity overlap with a student's educational needs?

Medically necessary services have a clinical basis and may also help students achieve educational goals and access the curriculum, which aligns with 55 Pa. Code § 1101.21a (3) above. These are the services that allow a student to access his/her education in the least restrictive environment, and these services are documented in the student's Individualized Education Program (IEP). Because the SBAP allows reimbursement for health-related services included in the IEP through the Medical Assistance (MA) Program, participating LEAs must establish medical necessity for these services in order to receive reimbursement for their provision.

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Is the documentation of the service in the IEP enough to support medical necessity for purposes of billing through the MA Program?

No. While the IEP demonstrates that the student was evaluated and determined to have a need for services, that information must be reviewed by an appropriate medical provider (as described in the [SBAP Handbook](#)), and then ordered/referred/prescribed by that provider through his/her signature on the Medical Practitioner Authorization Form (MPAF). That authorization establishes that the services included in the IEP are medically necessary and eligible for reimbursement.

What information is required to establish medical necessity on the MPAF?

The MPAF establishing medical necessity must include the amount of the service needed, the frequency at which it is needed, and the duration of the authorization.

Additionally, the MPAF must be concurrent with and reflective of the student's IEP. When the IEP is not specific about amount, frequency and duration, the MPAF will not meet these requirements, and those services would ultimately not be reimbursable through the SBAP, which may result in an LEA's reimbursement being recouped.

Note: For SBAP, the duration of the authorization is assumed to be the duration of the IEP. Because of this, messaging around "frequency and duration" within SBAP has historically referenced session duration, instead of the duration of the authorization.

Why isn't it acceptable to list the total number of minutes for the entire period of the IEP?

While school schedules can sometimes make consistent delivery of health-related services difficult, spreading the required amount of services across a long period of time does not demonstrate why this service is needed or how it will assist the recipient to reach his/her goals.

A reviewer might ask:

- If the student could receive all 36 hours of speech services in either the first or the last month of the school year, how are those services supporting the student in accessing the curriculum on a day to day, week to week basis?
- If the services can be delivered all at once, at any time, are they medically necessary?

Additionally, including only the amount of services and the duration of the authorization fails to provide the frequency at which those services are needed. This method does not support medical necessity and is not acceptable for billing through SBAP.

Frequency may appropriately indicate **the need for services on a daily, weekly, or monthly basis**. A consistent schedule of services may not be possible for an entire year due to school closures, student absences, standardized testing schedules, and many other reasons. However, the IEP and MPAF are to outline what the student needs..

What is an appropriate way to record the amount, frequency and duration of a health-related service?

The amount, frequency, and duration of services provided must be consistent with professionally recognized standards of practice for the clinical service specialty.

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The following table outlines examples of medical authorizations and their acceptability:

Amount (of the service per session, including individual/group distinction)	Frequency (of sessions per authorization)	Duration (of the authorization)	IEP and MPAF include matching information?	Acceptable?
30 minutes of individual speech therapy	Two times per week	Length of the IEP	Yes	Yes. This establishes amount, frequency and duration.
60 minutes of group occupational therapy	One time per month	Length of the IEP	Yes	Yes. This establishes amount, frequency and duration.
Medication administration per doctor's orders	Once daily	Length of the IEP	Yes	Yes. This is appropriate for certain nursing services when the referenced doctor's orders are attached to the MPAF.
Up to 60 minutes of group speech therapy	Per week	Length of the IEP	Yes	No. The use of "up to" in identifying the amount of time needed in a regular weekly session does not support medical necessity.
Up to 60 minutes of individual crisis intervention	Per week	Length of the IEP	Yes	Yes. Although this example is similar to the one above, "up to" is acceptable in limited, unpredictable circumstances, such as crisis intervention and seizure activity.
36 hours of individual physical therapy		Per 180 days	Yes	No. Although the MPAF and IEP match, this fails to establish frequency of sessions needed, and does not support medical necessity.
30 minutes of individual speech therapy	Two times per week	Length of the IEP	No	No. Although the MPAF establishes amount, frequency and duration, it does not match the IEP.

Appropriate amount, frequency and duration are intended to support 55 Pa. Code § 1101.21a (2) and (3) as noted above. As such, they should be as specific as possible.